

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Dewayne Jones	COURT CASE NUMBER 1:20-cv-02100
DEFENDANT University Hospitals Health System, Inc.	TYPE OF PROCESS Summons and Complaint

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
University Hospitals Health System, Inc., c/o ACFB Incorporated, Statutory Agent  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
200 Public Square, Ste. 2300, Cleveland, Ohio 44114

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  David W. Neel, Esq. 13800 Shaker Blvd., Ste. 102 Cleveland, Ohio 44120	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

The address for service of the summons and complaint is believed to be the law office of Benesch, Friedlander, Coplan & Aronoff. Phone number is 216.363.4500. Service may be accomplished during regular business hour (9-5).

Signature of Attorney other Originator requesting service on behalf of: /s/ David W. Neel	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 216-522-0011	DATE 9/29/20
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____
	Time _____ <input type="checkbox"/> am _____ <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  <b>\$0.00</b>
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REMARKS:

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED